League Roster

Rochester Park & Recreation Department 201 4 ST S.E. – Room 150 Rochester, MN 55904 (507) 281-6160

Select One	:	Select One:			Select One:				
☐ Me	n's	☐ Spring 2	004		□ Volleyba	ll		Football	
□ Wo	men's	☐ Summer	2004		☐ Softball			Basketba	ıll
☐ Co-	ed	☐ Fall 2004	4		□ Kickball			Broomba	all
		☐ Winter 2	2004/05						
				DDE	FERRED NIGHT	г.			
TEAM NA	ME:				GUE:				-
TEAM NA				TEA					-
	AR:				SSIFICATION:	$\mathbf{A}\mathbf{A}$	A I	в с г)
MANACE	D.			рцо	NIE#	1			
MANAGER:				PHONE#/(WORK)					-
ADDRESS:				E-MAIL ADDRESS					
							~		
				NEW	TEAM	YES	s	NO)
PLEASE I	PRINT OR SIGN	YOUR NAME I	<u>BELOW.</u> ** ((All players	must be 17 years	s of age	and a	bove.)**	
DATE									7
ON/OFF	NAME OF PL	AYER	HOME A	<u>ADDRESS</u>		HON	AE PH	ONE	
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									-
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Every reasonable effort will be made to ensure safety and integrity of the facilities provided, but neither the City of Rochester, the staff, nor other affiliated parties assumes responsibility for any personal injury or other damages sustained by any participant, in return for the opportunity to participate in programs sponsored by the Park and Recreation Department. I acknowledge that there are certain risks (including risks of personal injury) associated with this and any other Park and Recreation activity, and I voluntarily assume all such risks for my child or myself. By signing this form, I hereby release and hold harmless the city of Rochester, program coordinator, employees, and each affiliated party from any and all damages, claims, and causes of action whatsoever for any loss or injury suffered by me and/or my child so that I or my child may be allowed to participate in programs sponsored by the Park and Recreation Department. I have read and fully understand this waiver, and have executed it voluntarily so that my child or I may be allowed to participate in programs sponsored by the Park and Recreation Department.

NAME OF PLAYER	HOME ADDRESS	HOME PHONE